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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 11 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Massachusetts Republican State Congressional Committee <sup>®</sup> D " D 0.4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 14344.34 2008 January 1 (b) Cash on Hand at 42658.54 Begining of Reporting Period ..... 34201.92 309855.42 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 76860.46 324199.76 6(a) and 6(c) for Column B) ..... 61561.40 308900.70 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 15299.06 15299.06 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 40716.42 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 3<sup>D</sup>0 м м 0 4 2008 м м 0 4 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 217660.00 17050.00 (i) Itemized (use Schedule A) .......... 15727.00 80660.50 (ii) Unitemized ..... (iii) TOTAL (add 32777.00 298320.50 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 10000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 32777.00 308320.50 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1424.92 1534.92 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 34201.92 309855.42 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 34201.92 309855.42 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	49286.81	248961.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	49286.81	248961.18
Transfers to Affiliated/Other Party     Committees	0.00	15000.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	0.00	0.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity     (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	12274.59	44939.52
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	12274.59	44939.52
1. Total Disbursements (add Lines 21(c), 22,	61561.40	202000 76
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	61561.40	308900.70
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	61561.40	308900.70

### **DETAILED SUMMARY PAGE**

Page 5

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	32777.00	308320.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32777.00	308320.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49286.81	248961.18
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1424.92	1534.92
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	47861.89	247426.26

FE6AN026

Form/Schedule : F3XA

Transaction ID:

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-o-

ccupation if one was not provided in order to meet best efforts policy.

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary I	the Circuit of the Ci
,	r for commercial purposes, other than using the	Statements may not be sold or used by e name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cor	gressional Committee	
	Full Name (Last, First, Middle Initial) Knute Aarsheim		Date of Receipt
	Mailing Address 305 Delano Rd		04 29 2008
	City	State Zip Code	Transaction ID: 80516.C169252
	Marion	MA 02738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Act I, Inc.	Occupation Fisherman	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	Full Name (Last, First, Middle Initial) Elisabeth Allison		Date of Receipt
	Mailing Address 69 Pinehurst Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 80516.C169253
	Belmont	MA 02478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Anzi Ltd.	Occupation Publishing Consultant	Receipt
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	50	0.00
_	Full Name (Last, First, Middle Initial) James Barker		Date of Receipt
	Mailing Address 10 Naomi Drive		04 01 2008
	City	State Zip Code	Transaction ID: 80414.C168843
	Gloucester	MA 01930-1929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation investor	Receipt
	Receipt For: Primary General	Aggregate Year-to-Date ▼	0.00
	Other (specify)	20	0.00
Γ			1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cone	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stanley Bernstein Mailing Address 153 Edmunds Road  City Wellesley FEC ID number of contributing federal political committee.  Name of Employer The Biltrite Corporation  Receipt For: Primary General Other (specify)	State Zip Code MA 02481  C  Occupation Chairman  Aggregate Year-to-Date   300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stanley Bernstein Mailing Address 153 Edmunds Road  City Wellesley FEC ID number of contributing federal political committee.  Name of Employer The Biltrite Corporation  Receipt For: Primary General Other (specify)	State Zip Code MA 02481  C  Occupation Chairman  Aggregate Year-to-Date   550.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wesley Ehrenzeller Mailing Address 5 Ursla Dr.  City Hopkinton  FEC ID number of contributing federal political committee.  Name of Employer Frank I. Rounds Co.  Receipt For: Primary General Other (specify)	State Zip Code MA 01748  C  Occupation Owner  Aggregate Year-to-Date  200.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	on for the purpose of soliciting contributions o solicit contributions from such committee.		
<b>A</b> .	Full Name (Last, First, Middle Initial) John Fitzpatrick  Mailing Address PO Box 954 9 Prospect Hill Road  City Stockbridge  FEC ID number of contributing federal political committee.  Name of Employer Retired	State MA  C Occupation Retired	Zip Code 01262	Date of Receipt  0 4 2 2 2 2 0 0 8  Transaction ID: 80516.C169207  Amount of Each Receipt this Period  5000.00  Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Richard Frisbie  Mailing Address  128 Beacon Street  Unit H  City  Boston  FEC ID number of contributing federal political committee.  Name of Employer Battery Ventures  Receipt For:  Primary  General  Other (specify)	State MA  C  Occupatio Venture Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Timothy Gendron Mailing Address 60 Cross Road  City Lunenburg  FEC ID number of contributing federal political committee.  Name of Employer Tims Fabrications Inc.  Receipt For: Primary General Other (specify)	State MA  C  Occupatio Construct Aggregate		Date of Receipt    M   M   29   2008   Transaction ID: 80516.C169260   Amount of Each Receipt this Period   250.00   Receipt
s	UBTOTAL of Receipts This Page (optional)			6250.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	name and ad	dress of any political committee to	os solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Jane Gnazzo  Mailing Address PO Box 1119  404 W. Cotter Avenue  City  Port Aransas  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify)	· ·	Zip Code 78373  on ate Develope e Year-to-Date  ▼ 500.00	Date of Receipt  M M M O 4 2008  Transaction ID: 80414.C168947  Amount of Each Receipt this Period  500.00  Receipt
В.	Full Name (Last, First, Middle Initial) Robert Goldfarb  Mailing Address 25 Spyglass Landing D  City  Marshfield  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State MA  C Occupation investor	Zip Code 02050  on e Year-to-Date ▼ 500.00	Date of Receipt    M   M   29   2008   Transaction ID: 80516.C169251   Amount of Each Receipt this Period   500.00   Receipt
- С.	Full Name (Last, First, Middle Initial) Edward Johnson Mailing Address 56 North St  City Grafton  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State MA  C  Occupation Retired Aggregate	Zip Code 01519 on e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		•	1500.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) Elizabeth Johnson		Date of Receipt
Mailing Address 1 Charles River Squa		04 08 2008
City <u>Boston</u>	State Zip Code  MA 02114	Transaction ID: 80414.C168973  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) George Lewis		Date of Receipt
Mailing Address 172 Forest Street		0 4 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 80516.C169232
Sherborn FEC ID number of contributing federal political committee.	MA 01770	Amount of Each Receipt this Period  100.00
Name of Employer S and Co.	Occupation Finance	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  200.00	
Full Name (Last, First, Middle Initial) Malcolm MacNaught		Date of Receipt
Mailing Address PO Box 2233		04 02 2008
City Duxbury	State Zip Code MA 02331	Transaction ID: 80414.C168896  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Fidelity Investments	Occupation Portfolio Manager	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (check only one)    X   11a
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional C	committee	
	Full Name (Last, First, Middle Initial) Bernard OMalley  Mailing Address 46 Park St			Date of Receipt
				04 29 2008
	City Mansfield	State MA	Zip Code 02048	Transaction ID: 80516.C169255  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02040	75.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Shirley Perry	Date of Receipt		
	Mailing Address 27 Lathrop Rd.			04 09 YYYY 2008
	City	State	Zip Code	Transaction ID: 80414.C169078
	Wellesley FEC ID number of contributing federal political committee.	C	02482	Amount of Each Receipt this Period 200.00
	Name of Employer At Home	Occupatio		Receipt
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		200.00	
	Full Name (Last, First, Middle Initial) Francis Polito			Date of Receipt
	Mailing Address 587C Hartford Pike			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0.4 & & 3.0 & & & 2.008 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: 80516.C169275
	Shrewsbury FEC ID number of contributing federal political committee.	C	01545	Amount of Each Receipt this Period 200.00
	Name of Employer Polito Development Corp	Occupation President		Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)	1		475.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cong	gressional C	ommittee	
Α.	Full Name (Last, First, Middle Initial) Michael Potaski			Date of Receipt
	Mailing Address 24B Church Street			0 4 1 6 2 0 0 8
	City	State MA	Zip Code	Transaction ID: 80416.C169170
	Linwood  FEC ID number of contributing federal political committee.	C	01525	Amount of Each Receipt this Period 2500.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Grant Rodkey  Mailing Address 11 Beatrice Circle	1		Date of Receipt
	City	Stata	Zip Code	04 01 2008
	Belmont	State MA	21p Code 02478	Transaction ID: 80414.C168835  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VA Boston Healthcare Syst-	Occupation Surgeon	n	Receipt
	em Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Marshall Rogan			Date of Receipt
<b>.</b>	Mailing Address 12 Indian Hill Road			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 80414.C168949
	Medfield  FEC ID number of contributing federal political committee.	C	02052	Amount of Each Receipt this Period  200.00
	Name of Employer Retired	Occupation	n	Receipt
	Receipt For:  Primary General  Other (specify) ▼	+ -	Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)	1		3200.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	
Massachusetts Republican State Con	gressional Committee	
Full Name (Last, First, Middle Initial) Kimberly Rubash Mailing Address 323 Wellesley Street		Date of Receipt
City	State Zip Code	0 4 1 5 2 0 0 8  Transaction ID: 80415.C169133
Weston	MA 02493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Unemployed	Occupation At home	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	7
Full Name (Last, First, Middle Initial) Campbell Steward		Date of Receipt
Mailing Address 65 Asbury St.		04 / 08 / 2008
City	State Zip Code	Transaction ID: 80414.C168972
Topsfield	MA 01983	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Clayton Trefry		Date of Receipt
Mailing Address 4712 Scotts Mill Ct.		04 / 02 / 4 9 9
City Saugus	State Zip Code MA 01906	Transaction ID: 80414.C168900  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 01300	100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional) .	1	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 42 (check only one)    X   11a
or for commercial purposes, other than using t	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) Atthur Turner		Date of Receipt
Mailing Address PO Box 543	7.0.1	04 29 2008
City <u>C</u> arlisle	State Zip Code MA 01741	Transaction ID: 80516.C169262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David Wasiolek		Date of Receipt
Mailing Address 550 Old Marlboro Ro	0 4 1 7 2 0 0 8	
City	State Zip Code	Transaction ID: 80516.C169184
Concord	MA 01742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Fresenius Medical Care	Occupation Finance	Receipt
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial)  E. Andrew Wilde		Date of Receipt
Mailing Address 1210 Greendale Ave Apt. E3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 80415.C169134
Needham  FEC ID number of contributing federal political committee.	MA 02492	Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line numb	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 42 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional C	Committee	
Α.	Full Name (Last, First, Middle Initial) Albert Wilson Mailing Address 29 Concord Court			Date of Receipt
		Stata	Zin Codo	04 22 2008
	City Bedford	State MA	Zip Code 01730	Transaction ID: 80516.C169226  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Spaulding and Slye Collins	Occupation Real Est	on cate Development	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Б.	Full Name (Last, First, Middle Initial) Katherine Winter	Date of Receipt		
	Mailing Address 10 Marlborough St.			04 17 2008
	City	State	Zip Code	Transaction ID: 80516.C169186
	Boston	MA	02116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Receipt
	Name of Employer Self Employed	Occupation Homema		·
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	200.00	
С. С.	Full Name (Last, First, Middle Initial) George Young			Date of Receipt
	Mailing Address 235 Walker St. Apt 2	52		04 15 2008
	City Lenox	State	Zip Code	Transaction ID: 80415.C169135
	FEC ID number of contributing federal political committee.	C	01240	Amount of Each Receipt this Period  300.00
	Name of Employer Retired	Occupation Retired	on	Receipt
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional)	1		625.00
T	TOTAL This Period (last page this line number			17050.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 42 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	ressional C	ommittee	
Α.	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295			Date of Receipt
	City Boston  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State MA  C  Occupation  Aggregate	Zip Code 02266- n • Year-to-Date ▼	Transaction ID: 80516.C169650  Amount of Each Receipt this Period  1152.54  Offsets to Operating Expenditu
В.	Full Name (Last, First, Middle Initial) Verizon Internet Services  Mailing Address PO Box 101096  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer	State GA C Occupation	Zip Code 30392-	Date of Receipt    M M
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 272.38	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1424.92
TOTAL This Period (last page this line number only)	<b>•</b>	1424.92

	CHEDULE B (FEC Form 3X)	Use sepa	FOR LINE NUMBER: PAGE 18 / 4 (check only one)											
T	EMIZED DISBURSEMENTS	for each	category of the Summary Page	X	_	22 28	2 [	23 28b	П	24 28c	25 29	F	26	
	y Information copied from such Reports and Sta													
r 1	for commercial purposes, other than using the n	ame and addre	ess of any political	comm	ittee to s	olicit co	ontrik	outions fr	om s	such c	ommittee	•		
\	NAME OF COMMITTEE (In Full)													
/	Massachusetts Republican State Congr	essional Con	nmittee											
	Full Name (Last, First, Middle Initial)					T.,		etien ID	. 0	0516	E1025	4		
	SCM Associates						te of	Ction ID:	eme				1	
	Mailing Address Steve Meyers 1283 Main Street					04								
	City	State	Zip Code			An	noun	t of Each	n Dis	burse	ment this	Peri	od	
	Dublin	NH	03444-			-					5906.8	ΣΩ.		
	Purpose of Disbursement Direct Mail and telemarketing			,			-				3300.0	יס		
	Candidate Name				egory/ /pe									
	Office Sought: House Disbu	ursement For:	General	.,	, pc	DIF TIN		T MAIL	AN	D TE	LEMAF	RKE-		
	President State: District:	Other (spe	ecify)			'''	•							
	Full Name (Last, First, Middle Initial)					Т.,		ction ID	. 0	0516	E100E			
	SCM Associates			te of	Disburs	-								
	Mailing Address Steve Meyers 1283 Main Street	1283 Main Street										8 <sup>Y</sup>		
	City	State	Zip Code			An	noun	t of Each	n Dis	burseı	ment this	Peri	od	
	Dublin	NH	03444-			- Г					5832.2	ν O		
	Purpose of Disbursement Direct Mail and telemarketing										3002.2	-0	-	
	Candidate Name				egory/ /pe									
	Office Sought:    House   Disbute     Senate   President     State: District:	Primary Other (spe	General ecify) ▼			DIF		T MAIL	.AN	D TE	LEMAF	RKE-		
	Full Name (Last, First, Middle Initial)							ID		0510	F1007			
	Scr & Associates, LLC					Da	te of	Ction ID:	eme				ı	
	Mailing Address 4 Leblanc Dr					O	4 M	2	24	Ľ	žoŏ	8		
	City	State	Zip Code			An	noun	t of Each	Dis	burse	ment this	Peri	od	
	Danvers	MA	01923-				-				5000.0	nO.		
	Purpose of Disbursement Fundraising Consultant Fee				-		-				J000.C	,0	-	
	Candidate Name			Cate	egory/									
					pe									
	Office Sought:    House   Disbute     Senate   President     State:   District:	Primary Other (spe	General ecify) ▼			FU	NDF	RAISING	G C	ONSI	JLTAN'	T FE	ΞE	
	State. District.					_			_				_	
SI	SUBTOTAL of Disbursements This Page (option	al)			<u> </u>					1	6739.0	Q		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE										
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22 23 24 25 26									
A Life and the second of the s	, ,	27	28a 28b 28c 29 30b									
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee											
Full Name (Last, First, Middle Initial)			Transaction ID: 80519.E10390									
Accountemps			Date of Disbursement									
Mailing Address 12400 Collections Center	Drive	$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 0 & 8 \\ 0 & 2 & 0 & 0 & 8 \end{bmatrix} $										
	State Zip Code IL 60693-		Amount of Each Disbursement this Period									
Purpose of Disbursement	00000	• •	235.14									
Accounting Fee Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify)		ACCOUNTING FEE									
State: District: Full Name (Last, First, Middle Initial)												
Accountemps			Transaction ID: 80519.E10391 Date of Disbursement									
Mailing Address 12400 Collections Center	Drive		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $									
,	State Zip Code IL 60693-		Amount of Each Disbursement this Period									
Purpose of Disbursement			313.52									
Acccounting Fee Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify)	Турс	ACCCOUNTING FEE									
State: District: Full Name (Last, First, Middle Initial)												
AT&T			Transaction ID: 80516.E10367 Date of Disbursement									
Mailing Address PO Box 2971			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$									
	State Zip Code NE 68103-		Amount of Each Disbursement this Period									
Purpose of Disbursement Cell Phone Fee		· ·	273.67									
Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify)		CELL PHONE FEE									
State: District:												
SURTOTAL of Disbursements This Page (ontional)			822.33									

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:		PA	AGE	20 /	12				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	П	22 28a	23 28k	, [	24 28c		25 29	26 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			ny perso		the pu	rpose of	so	liciting c		outions					
NAME OF COMMITTEE (In Full)															
Massachusetts Republican State Congres	sional Committee														
Full Name (Last, First, Middle Initial) Insurance Barrows						action I		80516	6.E1	0352					
Mailing Address 215 North Main St.			04 4 10 7 2008												
City Mansfield	State Zip Code MA 02048-	Amount of Each Disbursement this Period													
Purpose of Disbursement	WA 02046-								16	41.12					
Insurance															
Candidate Name			itegory/ Type												
Senate President	ement For: Primary General Other (specify)			I	NSU	RANCE	Ξ								
State: District:															
Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts						action I of Disbu		80516 ment	6.E1	0351					
Mailing Address Landmark Center 401 Park Drive				04 / 10 / 2008											
City Boston	State Zip Code MA 02215-			Amount of Each Disbursement this Period											
Purpose of Disbursement Health Insurance				3163.44											
Candidate Name			itegory/ Type												
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			ŀ	HEAL	TH INS	SU	RANCE							
Full Name (Last, First, Middle Initial)															
Cambridge Offset Printing					Date o	of Disbu	rse								
Mailing Address 56 Creighton Street					o <sup>M</sup> 4	M / [	2	<sup>D</sup> / C	Ž	0 0 8	B Y				
City Cambridge	State Zip Code MA 02140-				Amou	int of Ea	ch	Disburse	emen	t this f	Period				
Purpose of Disbursement			• • •						_ 1	83.75					
Printing supplies Candidate Name			itegory/ Γγρе												
Senate President	ement For:  Primary General  Other (specify)	<u>'</u>	Турс	F	PRIN <sup>-</sup>	TING S	SUF	PPLIES							
State: District:															
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>						498	88.31					

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SCHEDULE B (FEC Form 3X)	Hoo concrete cohertula/a)	FOR LINE	NUMBER:	PAGE 21 / 42									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	- ·										
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b									
Any Information copied from such Reports and States		any person f	or the purpose of so	liciting contributions									
or for commercial purposes, other than using the nan	ne and address of any political con	mmittee to sol	icit contributions from	m such committee									
NAME OF COMMITTEE (In Full)													
/ Massachusetts Republican State Congres	sional Committee												
Full Name (Last, First, Middle Initial) Crowne Plaza Natick			Date of Disburse										
Mailing Address 1360 Worcester Rd.			0 4 M / 2 4 / Y 2 0 0 8										
City Natick	State Zip Code MA 01760-		Amount of Each Disbursement this										
Purpose of Disbursement		* *		1892.67									
Event Fee Candidate Name		Category/ Type											
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	1,500	EVENT FEE										
Full Name (Last, First, Middle Initial)													
DirecTV DirecTV			Date of Disburse										
Mailing Address PO Box 60036			04										
City Los Angeles	State         Zip Code           CA         90060-0036		Amount of Each I	Disbursement this Period									
Purpose of Disbursement Cable Service				91.95									
Candidate Name	C	Category/ Type											
Office Sought:  Senate  President  State:  Disburs  President	ement For:  Primary General  Other (specify) ▼		CABLE SERVIO	DE									
Full Name (Last, First, Middle Initial)			Turneration ID.	00510 510050									
Federal Express (Fed Ex)			Date of Disburse	80516.E10350 ment									
Mailing Address PO Box 371461			04 1	0 7 2008									
City Pittsburgh	State Zip Code PA 15250-		Amount of Each I	Disbursement this Period									
Purpose of Disbursement				49.81									
Express Mail Candidate Name		Category/ Type											
Senate President	ement For:  Primary General  Other (specify) ▼		EXPRESS MAI	L									
State: District:													
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		2034.43									

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				7 .	INE NUMBER: PAGE 22 / 42 only one)																					
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	П	22 28a	П	23 28b	24			25 29	П	26 30b												
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name																											
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Con	nmittee																									
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)  Mailing Address PO Box 371461							Date o		on ID:		16.I		0370 0 ŏ 8	Y													
•	State PA	Zip Code 15250-				Amount of Each Disbursement this Period																					
Purpose of Disbursement Express Mail	urpose of Disbursement xpress Mail													Category/													
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			· ,		EXPR	ES	S MA	IL																	
State: District:  Full Name (Last, First, Middle Initial)  Guardian Guardian							Date o	of Di	isburs		14.																
Mailing Address  Boston Group Office 1 Liberty Square									0 4 M / D 0 3 / Y 2 0 0 8 Y																		
•	State MA	Zip Code 02109-				Amount of Each Disbursement this Period																					
Purpose of Disbursement Insurance						408.56																					
Candidate Name  Office Sought: House Disburse	ment For:				egory/ pe																						
Senate President State: District:	Primary Other (spe	General cify) ▼					INSUI	1AF	NCE																		
Full Name (Last, First, Middle Initial) Lyndsay Jones							Trans Date o			805 ement	16.	E1(	0364														
Mailing Address 16 Oval Road							0 <sup>M</sup> 4	М	<sup>/</sup> 1	<b>4</b> /	Y	ž	o ŏ e	Y													
Quincy	State MA	Zip Code 02170-					Amou	nt o	f Each	Disbu	sen			-	d												
Purpose of Disbursement Reimbursement for travel												. (	52.48														
Senate	ement For:	General			egory/ rpe		REIMI	BUI	RSEM	IENT	FOI	R T	RAV	EL													
State: President  District:	Other (spe	ecity) 🔻					_	_							_												
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>							54	1.95														

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 23 / 42 only one)													
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	X 21b 27	Á	22 28a		23 28b	24 28c		25 29	26 30b						
Any Information copied from such Reports and Staten											5						
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any political	COM	millee to	SOIIC	it Contr	ibuli	OHS IT	om such c	OHII	muee							
Massachusetts Republican State Congress	sional Committee																
,																	
Full Name (Last, First, Middle Initial)							-	80516	.E1	0359							
Lyndsay Jones					Date of	of Di			′ Y	Y	Y						
Mailing Address 16 Oval Road			04 24 2008														
City Quincy	State Zip Code MA 02170-			Amount of Each Disbursement this Period													
Purpose of Disbursement					L.				_ 1	64.00	)						
Reimbursement for Postage		L															
Candidate Name			egory/ ype														
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	<u> </u>	<del>Jpc</del>		REIM	BUF	RSEM	MENT FO	OR F	POST	AGE						
Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	80516	.F1	0355							
Brett Kasper					Date of		sburse	ement									
Mailing Address 43 Eastern Ave. Apt. 3				044 / 10 / 2008													
City Lynn	State Zip Code MA 01902-			Amount of Each Disbursement this Period													
Purpose of Disbursement Internship					)												
Candidate Name			egory/ ype														
Office Sought:  Senate President  State:  Disburse	ement For: Primary General Other (specify)				INTER	RNS	SHIP										
Full Name (Last, First, Middle Initial)					Trane	acti	on ID:	80516	F1	บวรว							
Brett Kasper					Date of					0000							
Mailing Address 43 Eastern Ave. Apt. 3					0 <sup>M</sup> 4	M /	<sup>D</sup> 1	<sup>D</sup> 4	ž	0 0 8	3 <sup>Y</sup>						
City Lynn	State Zip Code MA 01902-				Amou	nt of	Each	Disburse	men	t this I	Period						
Purpose of Disbursement				$\dashv$					_1	14.93	3						
Reimbursement for food		L															
Candidate Name			egory/ ype														
Senate President	ement For: Primary General Other (specify)				REIM	BUF	RSEM	MENT FO	)R F	-00[	)						
State: District:																	
SUBTOTAL of Disbursements This Page (optional)			▶						9	78.93	3						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBI	ER:	PA	AGE 24	/ 42									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_	(check or X 21b 27	22 28a	23 28b	24 28c	25										
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				for the p	urpose of s		ontributio	ons									
NAME OF COMMITTEE (In Full)																	
Massachusetts Republican State Congress	ional Committee																
Full Name (Last, First, Middle Initial)				Transaction ID: 80516.E10362 Date of Disbursement													
Brett Kasper				Date													
Mailing Address 43 Eastern Ave. Apt. 3				0 4 A A A A A A A A A A A A A A A A A A													
,	State Zip Code MA 01902-		Amount of Each Disbursement this Period 700.00														
Purpose of Disbursement				7 L.			700.	00									
Internship		Ļ															
Candidate Name			egory/ ype														
Office Sought:  House Senate President State:  Disburse	ment For: Primary General Other (specify)	<u>'</u>	урс	INTE	ERNSHIP												
Full Name (Last, First, Middle Initial)				Tron	saction ID	. 00516	E1025										
Barney Keller					of Disburs		.E1030	00									
Mailing Address 187 Lewis Rd.				M M / D D / Y Y Y O O 8													
,	State Zip Code MA 02478-			Amount of Each Disbursement this Period  148.17													
Purpose of Disbursement Phone Reimbursment																	
Candidate Name			egory/ ype														
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			PHO	NE REIM	IBURSM	ENT										
Full Name (Last, First, Middle Initial)				+													
Barney Keller				1	saction ID of Disburs	ement											
Mailing Address 187 Lewis Rd.				0 <sup>™</sup> 4	M / D	29 /	ž 0 (	58									
	State Zip Code MA 02478-			Amo	unt of Eacl	n Disburse											
Purpose of Disbursement Travel Reimbursement							21.	04									
Candidate Name			egory/ ype														
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			TRA	VEL REIN	MBURSE	MENT										
State: District:	· 																
SUBTOTAL of Disbursements This Page (optional) .			•				869.	21									

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					INE NUMBER: PAGE 25 / 42										
ITEMIZED DISBURSEMENTS	for each c	category of the Summary Page		(cr	eck only 21b 27	22 23 24 28a 28b 28c						25 29	26			
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name													3			
NAME OF COMMITTEE (In Full)	, a. a. a.a.	o or any pontion							-	-						
Massachusetts Republican State Congress	ional Com	ımittee														
Full Name (Last, First, Middle Initial) Merchants Bankcard			Transaction ID: 80516.E10384 Date of Disbursement													
Mailing Address Fleet Bank 100 Federal Street				04 4 7 0 1 7 2 0 0 8												
	State MA	Zip Code 02110-				Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Processing Fee			Г	v		183.24										
Candidate Name				ateg	-											
Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼		. , , ,	<u> </u>	CREI	CREDIT CARD PROCESSING FE									
State: District:																
Full Name (Last, First, Middle Initial)  Merchants Bankcard						Date		ion ID isburs								
Mailing Address Fleet Bank 100 Federal Street											ž	0 0 8	3 Y			
,	State MA	Zip Code 02110-				Amou	ınt o	f Each	n Di:	sburse	men	t this I	Period			
Purpose of Disbursement Credit Card Processing Fee				L.						26.65	5					
Candidate Name			С	ateg												
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General				CREDIT CARD PROCESSING FEE										
Full Name (Last, First, Middle Initial) Merchants Bankcard								ion ID		80516 ent	i.E1	0387				
Mailing Address Fleet Bank 100 Federal Street						0 <sup>M</sup> 4	М	<sup>/</sup> D	2	/ \	ž	0 0 8	3 Y			
,	State MA	Zip Code 02110-				Amou	ınt o	f Each	n Di:	sburse	men	t this I	Period			
Purpose of Disbursement Credit Card Fee			Г			L.	-					7.55	5			
Candidate Name	Catego Type															
Senate President	ment For: Primary Other (spe	General cify) ▼				CREI	DIT	CARI	D F	EE						
State: District:																
SUBTOTAL of Disbursements This Page (optional)											2	17.44				
TOTAL This Period (last page this line number only)					<b>•</b>											

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SCHEDULE B (FEC Form 3X)	arate schedule(s)			OR LIN		NUMBER: PAGE 26 / 42												
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_		22 28a		23 28b		24 28c	П	25 29		26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														,				
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,																
Massachusetts Republican State Congress	sional Con	nmittee																
Full Name (Last, First, Middle Initial) Konica Minolta Business Systems							Trans Date o	of D	isburs	eme	ent							
Mailing Address P.O. Box 7247-0322							0 <sup>M</sup> 4	М	<sup>/</sup> 1	0	/ L	ž	0 0 8	3 Y				
•	State PA	Zip Code 19170-0322					Amou	nt o	f Each	Dis	sburse	-		-	d			
Purpose of Disbursement Copier Rental				v				0				7	30.51					
Candidate Name					gory/ pe													
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼					COPII	ER	REN <sup>-</sup>	TAL	_							
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 8	30516	.E1	0347					
Communication Inc OBrien							Date o	_			ent		V -	V				
Mailing Address PO Box 659						0 4 M / D D / Y 2 0 0 8 Y												
•	State MA	Zip Code 02093-				Amount of Each Disbursement this Period												
Purpose of Disbursement Phone system						227.50												
Candidate Name					gory/ pe													
Senate President	ement For: Primary Other (spe	General cify) ▼					PHON	IE S	SYST	EM	1							
State: District:  Full Name (Last, First, Middle Initial)											20540		0001					
Ox-Eye Properties							Trans Date of	of D	isburs	eme	ent			V				
Mailing Address c/o Massey & Co. 85 Merrimac Street							0 <sup>M</sup> 4	М	້	24	]	ž	0 0 8	3				
	State MA	Zip Code 02114-					Amou	nt o	f Each	n Dis	sburse	-		-	d			
Purpose of Disbursement Utilities								_	_			4	39.75					
Candidate Name					gory/ pe													
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General					UTILI <sup>.</sup>	TIE	S									
State: District:		<i>J</i> / <b>\</b>																
SUBTOTAL of Disbursements This Page (optional) .	<u></u>		<u></u>		<u> </u>							139	97.76					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:		PAGE 27/42						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check o X 21b 27		22 28a	$\boldsymbol{\sqcup}$	23 28b	24		25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam			ny persoi		the pu	rpose	e of so	oliciting o	ontri	butions				
NAME OF COMMITTEE (In Full)														
Massachusetts Republican State Congress	sional Committee													
Full Name (Last, First, Middle Initial) Ox-Eye Properties					Trans Date of			8051 ement	6.E1	0369				
Mailing Address c/o Massey & Co.	85 Merrimac Street													
			Amou	nt of	Each	Disburs	emer	nt this I	Period					
Purpose of Disbursement Rent	4064.50													
Candidate Name			tegory/ ype											
Senate President	ement For: Primary General Other (specify)		,,		RENT	-								
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Mailing Address PO Box 8295				04										
City Boston	State Zip Code MA 02266-			Amount of Each Disbursement this Period										
Purpose of Disbursement Payroll 401k			•		23.08	3								
Candidate Name		_	tegory/ ype											
Senate President	ement For: Primary General Other (specify)			ı	PAYF	ROLL	_ 401	K						
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City Boston	State Zip Code MA 02266-				Amou	nt of	Each	Disburs	-					
Purpose of Disbursement Payroll Tax			<u></u>	_			29	57.65						
Candidate Name			tegory/ ype											
Office Sought: House Disburse Senate President	ement For:    Primary			ı	PAYR	ROLL	_TA>	<						
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SUBTOTAL of Disbursements This Page (optional)		·····	▶						89	45.23	3			

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			7 .	INE NUMBER: PAGE 28 /					28 /	42		
ITEMIZED DISBURSEMENTS		category of the Summary Page		_	21b 27	F	22 28a		23 28b	24 280		25 29	20	6 0b
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Mailing Address PO Box 8295							0 <sup>M</sup> 4	М	0	8 /	Y	ž o ŏ 8	B Y	
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Purpose of Disbursement Payroll Tax Adjustment				U			L.					143.37		
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼					PAYR	ROL	L TA>	( ADJU	STN	MENT		
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•	State MA	Zip Code 02266-					Amou	nt o	f Each	Disburs				7
Purpose of Disbursement Payroll Processing Fee				0			L.				1	26.34		_
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Purpose of Disbursement 401k Monthly Admin Exp											. 1	60.00	)	_
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SUBTOTAL of Disbursements This Page (optional)		<u></u>	·····		. <b>•</b>						7	29.71		

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SCHEDULE B (FEC Form 3X)	Han amount and the Co	FOR LINE I	NUMBER:	PAGE 29 / 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
-	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	,,			
Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial) Paychex/InterPay			Transaction ID: 8	
Mailing Address PO Box 8295			04 17	2008
,	State Zip Code MA 02266-		Amount of Each Dis	bursement this Period
Purpose of Disbursement Payroll 401k		· ·		2307.69
Candidate Name	'	Category/ Type		
Senate President	ment For: Primary General Other (specify)		PAYROLL 401K	
State: District: Full Name (Last, First, Middle Initial)			<b></b>	0540 540000
Paychex/InterPay			Transaction ID: 8 Date of Disbursement	nt
Mailing Address PO Box 8295			04 / 17	2008
City Boston	State Zip Code MA 02266-		Amount of Each Dis	bursement this Period
Purpose of Disbursement Payroll Tax				3141.43
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)		PAYROLL TAX	
State: District: Full Name (Last, First, Middle Initial)				
Boston Postmaster			Transaction ID: 80 Date of Disbursement	nt
Mailing Address JW MCCORMACK STAT New Chardon Street	TON		04 / 14	<sup>2</sup> 2008
	State Zip Code MA 02114-		Amount of Each Dis	bursement this Period
Purpose of Disbursement Postage				1640.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		POSTAGE	
State: District:	·			
SUBTOTAL of Disbursements This Page (optional)				7089.12

<u> </u>	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		FOR LINE		R:		P/	AGE	30 / 4	12
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$\rangle$	Massachusetts Republican State Congres	sional Cor	nmittee									
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	Full Name (Last, First, Middle Initial) Jodys Quik Print					Date	of Disb	urser		6.E10	349	
	Mailing Address P.O. Box 1068					0 4	M /	<sup>D</sup> 1 (	<b>D</b> / <b>C</b>	ž	8 Ó 0	Y
	City Middleton	State MA	Zip Code 01949-			Amou	nt of E	ach [	Disburse			-
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	Printing - invitations for general Party related fund  Candidate Name	raising even	t - non-FEA	C	ategory/							
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	State: District:											
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	City	State	Zip Code			Amou	nt of E	ach [	Disburse	ement	this P	erio
	Sacramento	CA	95825-							86	6.70	
	Purpose of Disbursement Bumper Stickers									,		
	Candidate Name				ategory/ Type							
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	Mailing Address PO Box 790047					0 4		<sup>D</sup> 1 (		2	8 ó o	
	City Saint Louis	State MO	Zip Code 63179-			Amou	nt of E	ach [	Disburse			-
	Purpose of Disbursement Phone services					L.			-	38	5.78	-
	Candidate Name				ategory/ Type							
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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (check only one)						ER: PAGE 31 / 42					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	21b 27		22 28a	2:	3 8b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			any p	ersor		the pu	ırpose	of sc	oliciting co		outions	
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Massachusetts Republican State Congress	sional Committee											
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Mailing Address P.O. Box 1						0 <sup>M</sup> 4	M /	<sup>D</sup> 1	0 /	Ž	0 0 8	3 Y
City Worcester	State Zip Code MA 01654-					Amou	int of E	ach	Disburse	men	t this f	Period
Purpose of Disbursement PHONE			v							4	99.68	3
Candidate Name			atego Type									
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Full Name (Last, First, Middle Initial)									80516	6.E1	0366	
Yacht Club Wessagussett						М	of Disb		ement	, Y	0 ŏ 8	Y
Mailing Address P.O. Box 74						0 4		ņ	8	. 2	0 0 8	3
,	State Zip Code MA 02191-					Amou	int of E	ach	Disburse			
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Candidate Name			atego Type	-								
Senate President	ement For: Primary General Other (specify)				ı	RENT	Γ <b>AL F</b> I	EE				
State: District:												
Full Name (Last, First, Middle Initial) Robert Willington						Date	of Disb	ourse				_
Mailing Address 12 Arlington Street						0 <sup>M</sup> 4	M /	0	8 /	Ž	0 0 8	3 <sup>Y</sup>
	State Zip Code MA 01867-					Amou	ınt of E	ach	Disburse	men	t this f	Period
Purpose of Disbursement Reimbursement - see below						L.				9	46.63	3
Candidate Name			atego Type	-								
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SUBTOTAL of Disbursements This Page (optional)				<u> </u>						18	21.31	

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5(	CHEDULE B (FEC Form 3X)	Use separ	rate schedule(s)		NUMBER:	PAGE 32 / 42
Τ	EMIZED DISBURSEMENTS	for each ca	ategory of the Summary Page	(check only 21b 27	22 23 22	4 25 26 8c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar					
$\overline{}$	NAME OF COMMITTEE (In Full)					
	Massachusetts Republican State Congres	ssional Com	mittee			
	Full Name (Last, First, Middle Initial)				Transaction ID: 805	519.E10392
	Hyatt Regency Tamaya Resort				Date of Disbursement	<del>-</del>
	Mailing Address 1300 Tuyuna Trail				$\begin{bmatrix} 0 & 4 & 0 & 0 & 0 & 0 \\ 0 & 4 & 0 & 0 & 0 & 0 \end{bmatrix}$	<sup>Y</sup> 2008 <sup>Y</sup>
	City Bernalillo	State NM	Zip Code 87004-		Amount of Each Disbu	irsement this Period
	Purpose of Disbursement R. Willington reimbursement for lodging			•		946.63
	Candidate Name			Category/ Type	IMEMO ITEMI	
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General		[MEMO ITEM] MEMO: R. WILLING URSEMENT FOR L	GTON REIMB- ODGING
	State: District:		•			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	0.00
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/	Massachusetts Republican State Congres	sional Committee										
	Full Name (Last, First, Middle Initial) Bruce Harrison  Mailing Address 101 Elm St					Date o					0356 0 ŏ 8	Y
	City Wakefield	State Zip Code MA 01880-				Amou	nt of E	ach D	isburs	ement	this F	Perio
	Purpose of Disbursement Payroll - Administration Service									100	00.00	
	Candidate Name			ateg Typ								
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	Mailing Address 101 Elm St					o <sup>M</sup> 4	M /	<sup>D</sup> 24	1 /	ž	0 Ď 8	3
	City Wakefield	State Zip Code MA 01880-				Amou	nt of E	Each D	isburs	ement	this F	Perio
	Purpose of Disbursement Administrative Services									100	00.00	
	Candidate Name			ateg	-							
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	Full Name (Last, First, Middle Initial) Lyndsay Jones					Date o	of Disk	ourser		4.E10	)311	
	Mailing Address 16 Oval Road					0 <sup>M</sup> 4	M /	0 3	3 /	ž Ž	0 ŏ 8	3 Y
	City Quincy	State Zip Code MA 02170-				Amou	nt of E	ach D	isburs	ement	this F	Perio
	Purpose of Disbursement Payroll					L.			•	120	50.12	
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)										
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,	Full Name (Last, First, Middle Initial) Lyndsay Jones					Date of	action of Disbu	rsemen	t		
	Mailing Address 16 Oval Road					0 <sup>M</sup> 4	M /	1 7	Y 2	ž 0 ŏ 8	3 Y
	City Quincy	State Zip Code MA 02170-				Amou	nt of Ea	ch Disb		-	
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	Full Name (Last, First, Middle Initial) Barney Keller					Date of	action of Disbu	rsemen			V
	Mailing Address 187 Lewis Rd.					0 <sup>M</sup> 4	M /	03	Y 2	ž o ŏ s	3
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	City Belmont	State Zip Code MA 02478-				Amou	nt of Ea	ch Disb			-
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Chelmsford MA 01863-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  MA 01863-  1253.46  PAYROLL  PAYROLL  Transaction ID: 80516.E10380  Date of Disbursement  M M M / D D D D / Y Y Y O Y 8	ny Information copied from such Reports and Star for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congrete Full Name (Last, First, Middle Initial)	Detailed tements may r ame and addre	Summary Page not be sold or used ess of any politica	21b 27 d by any person f	22 23 24 25 2 28a 28b 28c 29 X for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  Name (Last, First, Middle Initial)  Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code MA 01863-  Purpose of Disbursement Payroll  City State Senate Primary General Other (specify) ▼  State Zip Code Obsbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 80414.E10312  Date of Disbursement this Perio Category/ Type  PAYROLL  Transaction ID: 80516.E10380  Date of Disbursement this Perio Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 80516.E10380  Date of Disbursement this Perio Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Amount of Each Disbursement this Perio Category/ Type  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Amount of Each Disbursement this Perio Category/ Type  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Office Sought: House Disbursement Primary General Other (specify) ▼  Office Sought: House President Disbursement Primary General Other (specify) ▼  Office Sought: House Primary General Other (specify) ▼  Office Sought: Primary General O	r for commercial purposes, other than using the name of NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congression Full Name (Last, First, Middle Initial)	ame and addre	ess of any politica		
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congressional Committee  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Other (specify) ▼  Amount of Each Disbursement this Perio Date of Disbursement this Perio Category' Type  Office Sought: House Senate President  State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code MA 01867- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate MA 01867- Purpose of Disbursement Payroll Candidate Name  Office Sought: House President City State Zip Code MA 01867- Purpose of Disbursement Disbursement Por: Category/ Type  Office Sought: House President Disbursement For: Category/ Type  Office Sought: House President Disbursement For: Disbursement For: Disbursement Por: Disbursement	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congre  Full Name (Last, First, Middle Initial)				
Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House President State: Disbursement For: Senate President Other (specify) ▼  City Senate President Other (specify) ▼  Type  PAYROLL  Transaction ID: 80516.E10380 Date of Disbursement this Perior Date of Disbursement this Perior Category/ Type  PAYROLL  Transaction ID: 80516.E10380 Date of Disbursement this Perior Date of Disbursement Date of Disburseme					
City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name Disbursement For: President President State: District:  Full Name (Last, First, Middle Initial) Payroll Candidate Name  City State Zip Code Category' Type  Disbursement For: Primary General Disbursement For Date of Disbursement Payroll Candidate Name  City State Zip Code MA 01863- Purpose of Disbursement Payroll Candidate Name Disbursement For: Primary General Disbursement District:  Full Name (Last, First, Middle Initial) Payroll Candidate Name Disbursement For: President District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code MA 01867-  Purpose of Disbursement Payroll Candidate Name Disbursement For: Disbursement Payroll Candidate Name Disbursement Payroll Candidate N					
Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Primary General Other (specify) ▼  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Primary General Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code MA 01867- Purpose of Disbursement Payroll Candidate Name  City State Zip Code MA 01867- Purpose of Disbursement Payroll Candidate Name  City State Zip Code MA 01867- Purpose of Disbursement Payroll Candidate Name  City State Zip Code MA 01867- Purpose of Disbursement Payroll Candidate Name  Disbursement For: Category/ Type  Office Sought: House Disbursement For: Primary General Payroll Candidate Name  Disbursement For: Primary General Payroll Category/ Type  Office Sought: House Disbursement For: Primary General Payroll Cother (specify) ▼  PAYROLL	Mailing Address 1 Stony Brook Road				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
Payroll Candidate Name  Office Sought: House Senate Prisident State: District:  Full Name (Last, First, Middle Initial) Purpose of Disbursement For: Senate President State: District:  City State Zip Code MA 01863-  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Primary General Other (specify) ▼  Office Sought: House State Zip Code MA 01867-  Purpose of Disbursement Payroll Candidate Name  Office Sought: House State Zip Code MA 01867-  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Primary General Other (specify) ▼  Office Sought: House Primary General Payroll Candidate Name  Office Sought: Payroll Cand					Amount of Each Disbursement this Period
Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Chelmsford MA 01863-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: First, Middle Initial)  Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code Category/ Type  Office Sought: First, Middle Initial)  Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code MA 01867-  Purpose of Disbursement Payroll  Candidate Name  City Category/ Type  Office Sought: House State Zip Code MA 01867-  Purpose of Disbursement Payroll  Candidate Name  City State Zip Code MA 01867-  Purpose of Disbursement Payroll  Candidate Name  City State Zip Code MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Amount of Each Disbursement this Perior Category/ Type  Amount of Each Disbursement this Perior Category/ Type  Office Sought: House Senate Primary General Prim	Payroll				1253.46
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code MA 01863-  Purpose of Disbursement Payroll Candidate Name  Office Sought: House Disbursement President State: District:  Full Name (Last, First, Middle Initial) President Disbursement For: Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement President Disbursement President Disbursement Disb		vooment Fee			
Full Name (Last, First, Middle Initial) Peter Torkildsen  Mailing Address 1 Stony Brook Road  City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial) Robert Willington  City State Zip Code Category/ Type  Other (specify) ▼  Transaction ID: 80516.E10380  Date of Disbursement this Perio  Category/ Type  PAYROLL  Transaction ID: 80414.E10313  Date of Disbursement Disbursement  Office Sought: State Zip Code MA 01867-  City State Zip Code MA 01867-  City State Zip Code MA 01867-  City Category/ Type  Office Sought: House Senate Primary General Disbursement His Perio  Category/ Type  Office Sought: House Senate Primary General Disbursement Payroll  Candidate Name  Disbursement For: Category/ Type  Office Sought: House Senate Primary General Disbursement For: Senate Primary General Disbursement Payroll  Other (specify) ▼  PAYROLL	Senate President	Primary			PAYROLL
City State Zip Code Chelmsford MA 01863- Purpose of Disbursement Payroll Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code MA 01863-  Payroll Category/ Type  Primary General Other (specify) ▼  Transaction ID: 80414.E10313 Date of Disbursement MA 01867-  Purpose of Disbursement Payroll Candidate Name  City State Zip Code MA 01867-  Purpose of Disbursement Payroll Candidate Name  Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  PAYROLL	Full Name (Last, First, Middle Initial)				
Chelmsford MA 01863-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General President Willington  Mailing Address 12 Arlington Street  City Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Primary General Primary General Primary General Disbursement To:  City State Zip Code MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Primary General Disbursement For:  Payroll Candidate Name  Office Sought: House Primary General Disbursement For:  Payroll Candidate Name  Office Sought: Primary General Disbursement For:  Payroll Candidate Name  Office Sought: Primary General Disbursement For:  Payroll Other (specify) ▼  Payroll					
Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Amount of Each Disbursement this Perior Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  PAYROLL					Amount of Each Disbursement this Perio
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Disbursement For: Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  PAYROLL  PAYROLL  PAYROLL  PAYROLL  PAYROLL	Purpose of Disbursement Payroll				1462.71
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address 12 Arlington Street  City State Zip Code Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  PayROLL  Transaction ID: 80414.E10313 Date of Disbursement  Date of Disbursement  Date of Disbursement  Disbursement For:  Senate Primary General Other (specify) ▼  PAYROLL  PAYROLL					
Full Name (Last, First, Middle Initial) Robert Willington  Mailing Address  12 Arlington Street  City Reading Purpose of Disbursement Payroll Candidate Name  Disbursement For: Senate President  Payroll Cother (specify)  Transaction ID: 80414.E10313 Date of Disbursement  M M M / D D D / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y O D B / Y Y Y Y Y O D B / Y Y Y Y O D B / Y Y Y Y O D B / Y Y Y Y Y O D B / Y Y Y Y Y O D B / Y Y Y Y O D B / Y Y Y Y Y O D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Senate President	Primary			PAYROLL
City State Zip Code Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) Type  PAYROLL  Amount of Each Disbursement this Perior Category/ Type  PAYROLL	Full Name (Last, First, Middle Initial)				
Reading MA 01867-  Purpose of Disbursement Payroll  Candidate Name  Office Sought: House Senate Primary General President Other (specify)	Mailing Address 12 Arlington Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
Payroll  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)					
Office Sought:  Disbursement For:  Senate Primary Other (specify)					1430.52
Senate Primary General President Other (specify) ▼					
	Senate	Primary			PAYROLL

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name		, ,	' '
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 80516.E10381
Robert Willington			Date of Disbursement
Mailing Address 12 Arlington Street			04 7 7 7 2008
City	State Zip Code		Amount of Each Disbursement this Period
Reading	MA 01867-		
Purpose of Disbursement Payroll			1430.52
Candidate Name	C	ategory/ Type	
Senate President	ment For: Primary General Other (specify) ▼		PAYROLL
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1430.52
TOTAL This Period (last page this line number only)	<b></b>	12274.59

### PAGE 37 / 42 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 9980.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9980.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11251 15.37 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 15.37 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11254 13.11 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 13.11 10008.93 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 38 / 42 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11255 300.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 300.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11256 939.17 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 939.17 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11259 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3282.16 0.00 3282.16 4521.33 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 39 / 42 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11260 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 880.53 0.00 880.53 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11237 9351.63 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 9351.63 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 250.00 10482.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 40 / 42 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Garage Government Center Original debt for parking party related non fea Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11296 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 640.00 2140.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

### PAGE 41 / 42 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street City State ZIP Code **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11295 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT SuppmindShift Technologies, Inc. ort party related non fea Mailing Address PO Box 200105 7IP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11291 1652.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1652.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 ZIP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11294 1636.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1636.00 3928.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate

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DEBTS AND OBLICE Excluding Loans			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTE	, ,			
Massachusetts Repi	ublican State Congression	nai Committee		
A. Full Name (Last mindShift Techno	, First, Middle Initial) of Debtor ologies, Inc.	or Creditor		ebt (Purpose): ebt for IT Supp- elated non fea
Mailing Address P	O Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-		
Outstanding Bala	nce Beginning This Period		Tra	nsaction ID: LS90513.E11292
	1636.00			
Amount In	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		1636.00
B. Full Name (Last Communication,	, First, Middle Initial) of Debtor Inc. Majority	or Creditor		ebt (Purpose): Debt for FEA Get ote Mailing
Mailing Address 2	74 Marconi Blvd. Suite 26	60		
City	State	ZIP Code		
Columbus	ОН	43215-		
Outstanding Bala	nce Beginning This Period		Tra	nsaction ID: LS90508.E11226
	8000.00			
Amount In	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		8000.00

1) SUBTOTALS This Period This Page (optional)	▶ 9636.00
2) TOTALS This Period (last page this line number only)	▶ 40716.42
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	• 0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶ 40716.42